

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Yencho, Stephen A.; et. al.
Assignee: Cardica, Inc.
Title: Method and System for Attaching a Graft to a Blood Vessel
Serial No.: 09/886,074 Filing Date: June 18, 2001
Examiner: Baxter, Jessica R. Group Art Unit: 3731
Docket No.: 032405-053

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

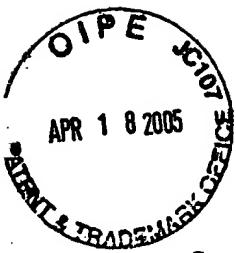
In compliance with the Applicant's duty under 37 CFR § 1.56, the information listed on the accompanying form PTO-1449 is brought to the attention of the Examiner.

A fee under 37 CFR 1.17(p) for submission of this Supplemental IDS after mailing of the first Office Action and before the mailing of a final action is enclosed.

Respectfully submitted,



Brian A. Schar
Reg. No. 45,076
Cardica, Inc.
900 Saginaw Drive
Redwood City, CA 94063



Docket No.: 032405-053

April 18, 2005

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Applicant(s): Yencho, Stephen A.; et. al.
Assignee: Cardica, Inc.
Title: Method and System for Attaching a Graft to a Blood Vessel
Serial No.: 09/886,074
Examiner: Jessica R. Baxter
Docket No.: 032405-053 Filed: June 18, 2001
Group Art Unit: 3731

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) This Transmittal Letter;
- (2) Response to Office Action;
- (3) Information Disclosure Statement;
- (4) Form PTO-1449 and attachments;
- (5) Check no. 11730 in the amount of \$180.00; and
- (6) Return postcard.

No additional fee is required.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining <u>After Amendment</u>		Highest No. Previously Paid For		Present Extra	Rate		Additional Fee
Total Claims	16	Minus	40	=	0	x \$25	\$	0.00
Independent Claims	3	Minus	8	=	0	x \$100	\$	0.00

Fee of _____ for the first filing of one or more multiple
dependent claims per application \$
 Fee for submission of Information Disclosure Statement \$ 180.00

Total additional fee for this Amendment: \$ 0.00

Conditional Petition for Extension of Time: If an extension of time is required for timely
filing of the enclosed document(s) after all papers filed with this transmittal have been
considered, an extension of time is hereby requested.
 Please charge our Deposit Account No. 502108 in the amount of \$ 0.00
 Please charge any additional fees required and credit any overpayment to our Deposit
Account No. 502108.

Total: \$ 180.00

Express Mail Label No.:
EV430389894US

Respectfully submitted,


Brian A. Schar
Attorney for Cardica, Inc.
Reg. No. 45,076

04/20/2005 SFELEKE1 00000048 09886074

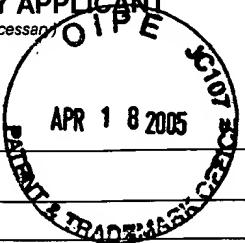
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180.00 OP

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)



Sheet 1 of 1

Complete if Known

Application Number	09/886,074
Filing Date	June 18, 2001
First Named Inventor	Yencho, Stephen A.
Group Art Unit	3731
Examiner Name	Baxter, Jessica R.

Attorney Docket No: 032405-053

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	US-6,251,116	06/26/2001	Shennib, et al.	
	US-6,458,140	10/01/2002	Akin, et al.	
	US-6,464,709	10/15/2002	Shennib, et al.	

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		"Cardica PAS-Port Proximal Anastomosis System 510(k)", Section VI.C., "Substantial Equivalence", and Attachment 7, (unpublished)	
		Sales training brochure entitled "Cor-Link Automated Anastomosis Device" (2002)	

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached